

# **EXHIBIT A1**

***Law Office of Jill Shedd & Associates, P.C.***

*Counselors at Law*

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**NOTICE OF LAWSUIT AND REQUEST FOR WAIVER OF SERVICE**

TO: Kenneth D. Lewis  
as President of Bank of America

A lawsuit has been commenced against you (or the entity on whose behalf you are addressed). A copy of the complaint is attached to this notice. It has been filed in the United States District Court for the District of Massachusetts and has been assigned docket number 04-40202 FDS

This is not a formal summons or notification from the court, but rather my request that you sign and return the enclosed waiver of service in order to save the cost of serving you with a judicial summons and an additional copy of the complaint. The cost of service will be avoided if I receive a signed copy of the Waiver within 20 days after the date designated below as the date on which this notice was sent. I enclose a stamped and addressed envelope for your use. An extra copy of the waiver is also attached for your records.

If you comply with this request and return the signed waiver, it will be filed with the court and no summons will be served on you. The action will then proceed as if you had been served on the date the waiver is filed, except that you will not be obligated to answer the complaint before 60 days from the date designated below as the date on which this notice is sent.

If you do not return the signed waiver within the time indicated, I will take appropriate steps to effect formal service in a manner authorized by the Federal Rules of Civil Procedure and will then, to the extent authorized by those Rules, ask the court to require you (or the party on whose behalf you are addressed) to pay the full costs of such service.

430 Franklin Village Drive  
#212  
Franklin, MA. 02038

508-720-9267 phone

info@sheddllaw.com

929 Massachusetts Avenue  
Level 01  
Cambridge, MA. 02139

617-576-5500 phone

## WAIVER OF SERVICE OF SUMMONS

TO: Attorney Jill Shedd

I, \_\_\_\_\_, acknowledge receipt of your request that I waive service of Summons in the action of Van A. Lupo vs. BankAmerica Corporation. which is case number 04-40202-FDS in the United States District Court for the Western District of Massachusetts.

I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I {or the entity on whose behalf I am acting) will retain all defenses and objections to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 10/14/2004 or within 90 days after the date if the request was sent outside the United States.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

As \_\_\_\_\_ of \_\_\_\_\_  
Title Corporate Defendant

Kenneth D. Lewis  
Bank of America, Inc.  
100 North Tryon Street  
Charlotte, NC. 28255

**IMPORTANT TIME SENSITIVE  
LEGAL DOCUMENT ENCLOSED**

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Kenneth D Lewis Bank of America, Inc. 100 North Tryon Street Charlotte, NC 28255</p>		<p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>OCT 17 2004</b></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7003 1680 0002 4484 2933</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below: _____</p>	
<p>PS Form 3811, August 2001</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
Domestic Return Receipt		102595-02-M-1540	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

CHARLOTTE, NC 28255

Postage	\$ 0.83
Registration Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	1.75
Total Postage & Fees	\$ 4.88

UNIT ID: 0419

Postmark Here

Clerk: KWTVCX

Sent To *Kenneth Lewis - Bank of America*  
Street, Apt. No., or PO Box No. *100 North Tryon St*  
City, State, ZIP+4 *Charlotte, NC 28255*

PS Form 3800, June 2002

See Reverse for Instructions

## **EXHIBIT A**

RETURN SERVICE REQUESTED

SOCIAL SECURITY NUMBER: 557-94-2880  
BIRTH DATE: 07/1957  
YOU HAVE BEEN IN OUR FILES SINCE: 07/1977  
PHONE: 479-3707

CONSUMER REPORT FOR:

\*\*\*\*\*

LUPU, VAN, ANTHONY  
61 NECK HILL RD  
HOPEDALE, MA 01747

FORMER ADDRESSES REPORTED:

57 BLACKSTONE ST, BELLINGHAM, MA 02019  
1181 PACIFIC COVE LN, HUNTINGTON BEACH, CA 92648

EMPLOYMENT DATA REPORTED:

VENTRICOM INC  
DATE REPORTED: 12/2000

PHOENIX TECHNOLO  
DATE REPORTED: 02/1995

JANSEN ASSC  
DATE REPORTED: 12/1982

YOUR CREDIT INFORMATION

THE FOLLOWING ACCOUNTS CONTAIN INFORMATION WHICH SOME CREDITORS MAY CONSIDER TO BE ADVERSE. ADVERSE ACCOUNT INFORMATION MAY GENERALLY BE REPORTED FOR 7 YEARS FROM THE DATE OF THE FIRST DELINQUENCY, DEPENDING ON YOUR STATE OF RESIDENCE. THE ADVERSE INFORMATION IN THESE ACCOUNTS HAS BEEN PRINTED IN >BRACKETS< FOR YOUR CONVENIENCE, TO HELP YOU UNDERSTAND YOUR REPORT. THEY ARE NOT BRACKETED THIS WAY FOR CREDITORS. (NOTE: THE ACCOUNT # MAY BE SCRAMBLED BY THE CREDITOR FOR YOUR PROTECTION).

BANK OF AMERICA NA # 4427100001870265 REVOLVING ACCOUNT  
ACCOUNT CLOSED BY CONSUMER CREDIT CARD  
UPDATED 11/2003 BALANCE: \$13610 JOINT ACCOUNT  
OPENED 09/1992 MOST OWED: \$6599 CREDIT LIMIT: \$7100  
CLOSED 01/2001 >PAST DUE: \$13411<  
>STATUS AS OF 01/2001: CHARGED OFF AS BAD DEBT<

MEADOWBROOK FINANCIAL NET # 431193077 MORTGAGE ACCOUNT  
CLOSED CONVENTIONAL REAL ESTATE MTG  
UPDATED 12/2001 BALANCE: \$0 INDIVIDUAL ACCOUNT  
OPENED 01/1999 MOST OWED: \$319200 PAY TERMS: 360 MONTHLY \$2540  
CLOSED 12/2001  
>STATUS AS OF 12/2001: 30 DAYS PAST DUE<  
>IN PRIOR 30 MONTHS FROM DATE CLOSED 1 TIME 30 DAYS LATE<

## **EXHIBIT B**



\*\*\* 123574225-004 \*\*\*  
P.O. Box 2000  
Chester, PA 19022

YOUR TRANS UNION FILE NUMBER: 123574225  
PAGE 1 OF 9  
DATE THIS REPORT PRINTED: 02/26/2004

RETURN SERVICE REQUESTED

SOCIAL SECURITY NUMBER: 557-94-2880  
BIRTH DATE: 07/1957  
YOU HAVE BEEN IN OUR FILES SINCE: 07/1977  
PHONE: 479-3707

CONSUMER REPORT FOR:

32 00000006 0001 C692VW11

\*\*\*\*\*

LUPO, VAN, ANTHONY  
61 NECK HILL RD  
HOPEDALE, MA 01747

FORMER ADDRESSES REPORTED:

1181 PACIFIC COVE LN, HUNTINGTON BEACH, CA 92648  
430 FRANKLIN VILL DR 212, FRANKLIN, MA 02038

EMPLOYMENT DATA REPORTED:

DEPT OF PUBLIC HEALTH  
DATE REPORTED: 02/2004

VENTRICOM INC  
DATE REPORTED: 12/2000

PHOENIX TECHNOLO  
DATE REPORTED: 02/1995

JANSEN ASSC  
DATE REPORTED: 12/1982

INVESTIGATION RESULTS

WE HAVE COMPLETED OUR REINVESTIGATION AND THE RESULTS ARE SHOWN BELOW.

ITEM	DESCRIPTION	RESULTS
BANK OF AMERICA NA	# 4427100001870265	VERIFIED, NO CHANGE
DAIMLERCHRYLER SRV NTO	# 1100514170219001	VERIFIED, NO CHANGE
DAIMLERCHRYLER SRV NTO	# 1100107380219001	NEW INFORMATION BELOW
HOUSEHOLD FINANCE	# 216601000952338	VERIFIED, NO CHANGE
HOMEcomings FINANCIAL NE	# 80200589961911001	NEW INFORMATION BELOW
NORDSTROM FSB	# 84143061	DELETED
HOUSEHOLD FINANCE	# 710001135429	NEW INFORMATION BELOW
FIRST USA BANK NA	# 4246152013772095	DELETED
WELLS FARGO BANK	# 6251900917232092	DELETED
LIMITED EXPRESS	# 314333782	DELETED

## **EXHIBIT C**

***Law Office of Jill Shedd & Associates, P.C.***

*Counselors at Law*

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May 27, 2004

Credit Bureau Disputes  
VA6-300-08-09  
PO Box 1598  
Norfolk, VA. 23501

**VIA FACSIMILE AND CERTIFIED MAIL**

RE: Van Lupo

To whom it may concern:

I have been retained by Mr. Lupo to investigate a Bank of America charge card that showed up on December, 2003 credit reports from the three main credit reporting agencies. As you should be aware under 15 U.S.C. §1643 and under M.G.L. ch.140D §26 a cardholder is only liable for the unauthorized use of a credit card up to fifty (\$50.00) dollars. In addition, these laws further state that "in any action by a card issuer to enforce liability for the use of a credit card, the burden of proof is upon the card issuer to show that the use was authorized ...". Mr. Lupo contends that he did not authorize the issuance of this card and requests proof that he signed said card application via the signature card you should have on record.

Here is the pertinent information that should assist you in obtaining the needed information:

Name: Van Anthony Lupo  
SSN: 557-94-2880  
Address:  
61 Neck Hill Road  
Hopedale, MA. 01747  
Phone Number:  
508-453-0056  
Alleged Account Number:  
442710000001870265

430 Franklin Village Drive  
#212  
Franklin, MA. 02038

508-720-9267 phone  
508-473-3817 fax

info@sheddlaw.com  
www.sheddlaw.com


929 Massachusetts Avenue  
Level 01  
Cambridge, MA. 02139

617-576-5500 phone  
617-868-2520 fax

I would appreciate a quick response as this "charge off as bad debt" rating on his credit card is hurting his ability to apply for credit. I would also appreciate that you correspond with me on this matter at my Franklin, MA address which is:

430 Franklin Village Drive  
#212  
Franklin, MA. 02038  
508-720-9267  
508-574-3817 (fax)  
[jshedd@sheddlaw.com](mailto:jshedd@sheddlaw.com)

Regards,

  
Jill Shedd

mlc/JCS

Cc: Van Lupo

Enc: Copy of credit report

2003 1680 0002 4484 2

# U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

VERBOLK, VA

Postage

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees

0.37

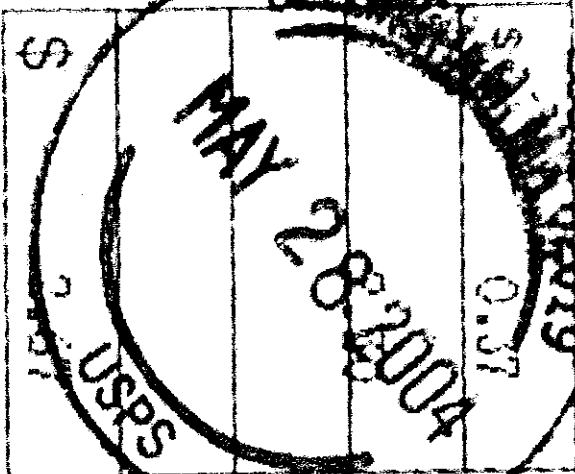
UNIT ID: 0419

Postmark  
Here

Here

Clarke: KH3P2J

05/28/04



Sent To

Bank America VA-360-0809

Street, Apt. No.,  
or PO Box No.

PO Box 1598

City, State, ZIP+4

Norfolk, VA 23501

PS Form 3800, June 2002

See Reverse for Instructions

LAW OFFICE OF JILL SHEDD &amp; ASSOCIATES,

COUNSELORS AT LAW

## FACSIMILE TRANSMITTAL SHEET

TO:	Credit Disputes Bureau	FROM:	Jill Shedd
COMPANY:	BankAmerica	DATE:	5/27/2004
FAX NUMBER:	757-677-4877 4574	TOTAL NO. OF PAGES INCLUDING COVER:	4
PHONE NUMBER:	800-732-9194	SENDER'S REFERENCE NUMBER:	
RE:	Proof of signature	YOUR REFERENCE NUMBER:	CONSLUP001

☐ URGENT    ☐ FOR REVIEW    ☐ PLEASE COMMENT    ☐ PLEASE REPLY    ☐ PLI

NOTES/COMMENTS:

430 FRANKLIN VILLAGE DRIVE #212  
FRANKLIN, MA 02038  
508-720-9267 PHONE  
508-473-3817 FAX

929 MASSACHUSETTS AVENUE  
CAMBRIDGE, MA 02142  
617-576-6171

INFO@SHEDDLAW.COM  
WWW.SHEDDLAW.COM

hp officejet d135  
printer/fax/scanner/copier

**Fax-History Report for**  
**Jill Shedd**  
**1-508-966-2420**  
**May 27 2004 4:23pm**

Last Transaction

<u>Date</u>	<u>Time</u>	<u>Type</u>	<u>Identification</u>	<u>Duration</u>	<u>Pages</u>	<u>Result</u>
May 27	4:22pm	Fax Sent	17576774874	1:08	4	OK

## **EXHIBIT D**





Close window

Report Number:  
**3171077726**

Online Personal Credit Report from  
Experian for VAN ANTHONY LUPO

Report Date: July 23, 2004

Index:

- Potentially negative items
- Accounts in good standing
- Requests for your credit history
- Personal information
- Important message from Experian
- Contact us

Print report

Experian collects and organizes information about you and your credit history from public records, your creditors and other reliable sources. Experian makes your credit history available to your current and prospective creditors, employers and others as allowed by law, which can expedite your ability to obtain credit and can make offers of credit available to you. We do not grant or deny credit; each credit grantor makes that decision based on its own guidelines.

[back to top](#)

## Potentially Negative Items

### Credit Items

For your protection, the last few digits of your account numbers do not display.

#### **BANK OF AMERICA**

Address:	Account Number:
1825 E BUCKEYE RD	442710000187....
PHOENIX, AZ 85034	

Status: Account charged off/Past due 150 days. \$8,001  
written off. \$14,809 past due as of 6-2004.

Date Opened:	Type:	Credit Limit/Original
09/1992	Revolving	Amount:
Reported Since:	Terms:	\$7,100
05/1994	NA	High Balance:
Date of Status:	Monthly Payment:	\$15,029
01/2001	\$0	Recent Balance:
Last Reported:	Responsibility:	\$15,029 as of 06/2004
06/2004	Joint with SHERYL L LUPO	Recent Payment:
		\$0

Your statement :  
Account closed at consumer's request

Account History:  
Charge Off as of 6-2004, 5-2004, 4-2004, 3-2004, 2-2004,  
1-2004, 12-2003, 11-2003, 10-2003, 9-2003, 8-2003, 7-

Printable report

2003, 6-2003, 5-2003, 4-2003, 3-2003, 1-2003, 12-2002,  
 10-2002, 9-2002, 8-2002, 7-2002, 5-2002, 4-2002, 3-2002,  
 1-2002, 12-2001, 11-2001, 10-2001, 8-2001, 7-2001, 6-  
 2001, 5-2001, 4-2001, 3-2001, 1-2001  
 150 days as of 12-2000  
 120 days as of 11-2000  
 90 days as of 10-2000  
 60 days as of 9-2000  
 30 days as of 8-2000

## Balance History:

\$14,814 05/2004  
 \$14,608 04/2004  
 \$14,399 03/2004  
 \$14,206 02/2004  
 \$14,002 01/2004  
 \$13,802 12/2003  
 \$13,610 11/2003  
 \$13,415 10/2003  
 \$13,229 09/2003  
 \$13,040 08/2003  
 \$12,853 07/2003  
 \$12,675 06/2003  
 \$12,491 05/2003  
 \$12,315 04/2003  
 \$12,136 03/2003  
 \$11,976 03/2003  
 \$11,802 01/2003  
 \$11,631 12/2002  
 \$11,468 12/2002  
 \$11,291 10/2002  
 \$11,128 09/2002  
 \$10,961 08/2002  
 \$10,803 07/2002

Between 7-2002 and 5-2004, your credit limit/high balance  
 was \$7,100

**CHEVRON U S A**

Address:

PO BOX 5010  
 CONCORD, CA 94524

Account Number:

725034....

Status: Collection account/Never late. \$363 past due as of  
 5-2004.

Date Opened:

06/1988

Reported Since:

04/1994

Type:

Revolving

Terms:

1 Months

Credit Limit/Original

Amount:

\$467

High Balance:

## **EXHIBIT E**

## **Defendant Bank of America's Exhibit 1**



Mail Payment To:

|||||  
BANK OF AMERICA  
P. O. BOX 85350  
LOUISVILLE KY 40285-5350

|||||  
SHERYL L LUPO  
VAN A LUPO  
1181 PACIFIC COVE LA  
HUNTINGTON BH CA 92648-415981



101442710000187026519990410

Account Number: 4427-1000-0187-0265  
New Balance: \$7,064.26  
Minimum Payment Due: \$155.41  
Payment Due Date: MAY 04, 1999

Amount Enclosed: \$ 

MAKE CHECK PAYABLE TO: BANK OF AMERICA

0015859 0015541 0706426 4427100001870265

\*549990011\*00400001870265/

DETACH HERE AND RETURN WITH REMITTANCE →

PLATINUM PRIORITY  
Account Number 4427-1000-0187-0265

For questions or to report lost or stolen cards, call 1-800-548-2959 within the US or 1-757-677-4701 overseas collect.

ACCOUNT INFORMATION						
New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due
\$7,064.26	\$7,100.00	\$35.74	\$7,100.00	\$35.00	04/10/99	\$155.41
TRANSACTION SUMMARY						
Trans Date	Post Date	Description	Reference Number	Amount CR = Credit		
03-17	03-18	PAYMENT RECEIVED - THANK YOU	74356049077863016722259	\$111.60		
04-05	04-07	PAYMENT RECEIVED - THANK YOU	74356049097863018751443	\$158.59		

••PLEASE REMEMBER, IN ORDER TO AVOID LATE FEE CHARGES, YOUR MINIMUM PAYMENT SHOWN ABOVE MUST BE RECEIVED BY THE DUE DATE PRINTED ON YOUR STATEMENT. ••  
THE PAYMENT PROTECTION PLAN CAN HELP YOU MAKE YOUR CREDIT CARD PAYMENTS WHEN YOU CANT. SEE ENCLOSED INSERT FOR DETAILS.  
TO ENROLL, CALL 1-888-838-0056.

WELCOME TO THE NEW BANK OF AMERICA. YOU'LL NOTICE THE BANK OF AMERICA NAME AT THE TOP OF THIS STATEMENT. ALSO, THE NEW LOGO WILL APPEAR ON YOUR CREDIT CARD CORRESPONDENCE AND YOUR ACCOUNT WILL NOW BE REFERRED TO AS A BANK OF AMERICA CREDIT CARD ACCOUNT. WATCH YOUR MAIL FOR MORE INFORMATION ABOUT THE NEW BANK OF AMERICA.

FINANCE CHARGE SUMMARY						BALANCE SUMMARY	
Billing cycle 31 days	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)	Previous Balance	\$7,209.07
Purchases	\$7,149.14	V 0.0565753%	20.65%	20.65%	\$125.38	Payments	\$270.19
Cash Advances	\$0.00	V 0.0565753%	20.65%	20.65%	\$0.00	Credits	\$0.00
Cash Advance Fees	\$0.00				\$0.00	Purchases & Other Charges	\$0.00
Balance Calculation Code See Reverse Side.						Cash Advances	\$0.00
						Late Fee	\$0.00
						Overline Fee	\$0.00
						FINANCE CHARGE	\$125.38
						NEW BALANCE	\$7,064.26

Front side of your statement and does not contain the disclosures which were made on the reverse side of your original statement.

## **Defendant Bank of America's Exhibit 2**









## **Defendant Bank of America's Exhibit 3**

TRAN Date 5-11-98  
\$ 200.00

Van Lupo or Sheri Lupo  
131 Pacific Coast Ln. 714-356-0769  
Huntington Beach, CA 92648

0247

MAY 2 1998

NATIONS BANK OF DELAWARE \$ 200.00

TWO HUNDRED DOLLARS AND NO/100

UNION BANK OF CALIFORNIA  
ADAMS AVENUE  
8000 ADAMS AVENUE  
HUNTINGTON BEACH, CA 92648  
604-272-1458

FOR 4427100001810265

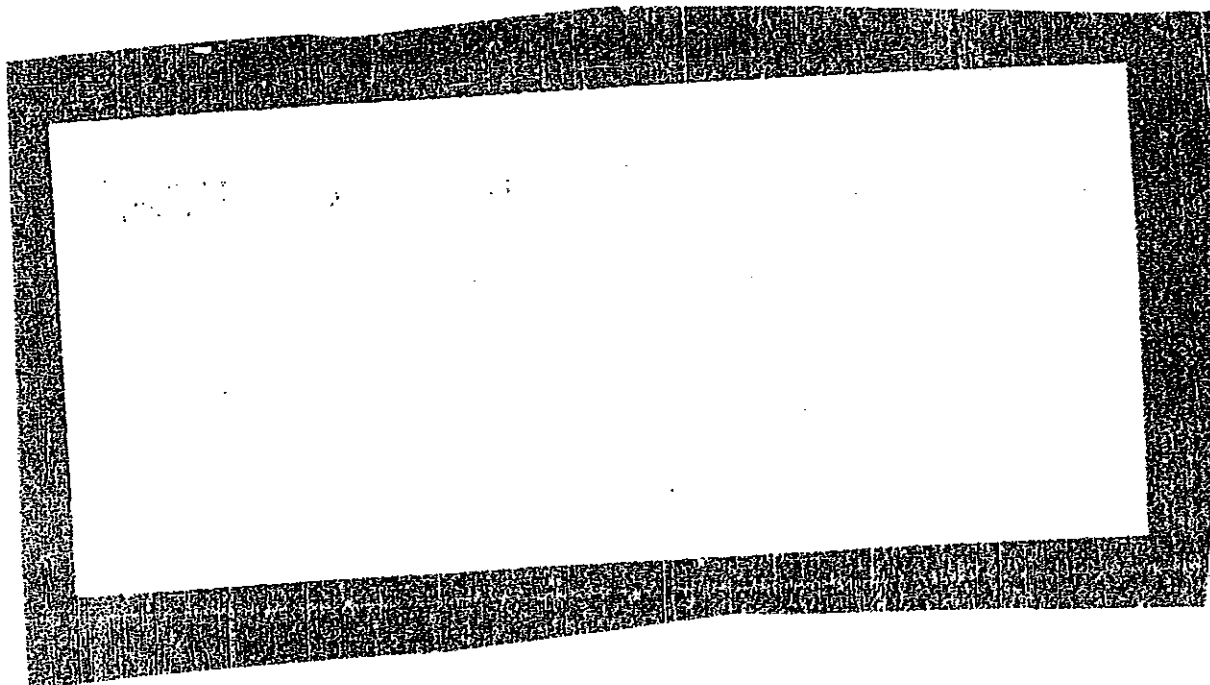
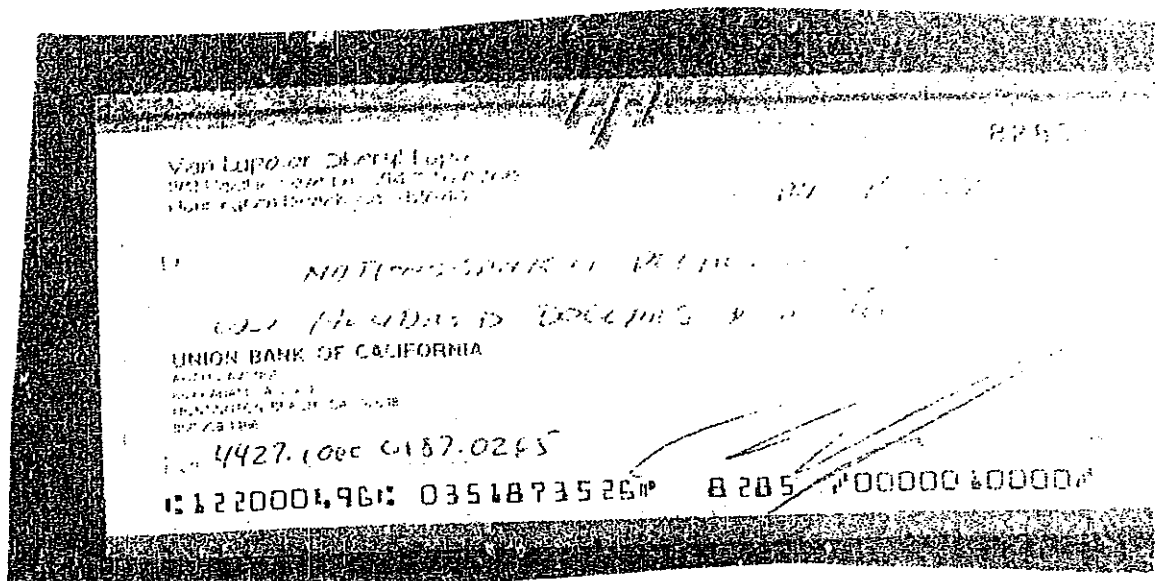
111220004961 0151873515 825 000000000000

4427100001810265 020152655 NBT  
1854 249 000 00 051198 128

083000000000 1854  
CREDIT PATTER  
NCE L... BY  
Nations 120 0498

07  
L...

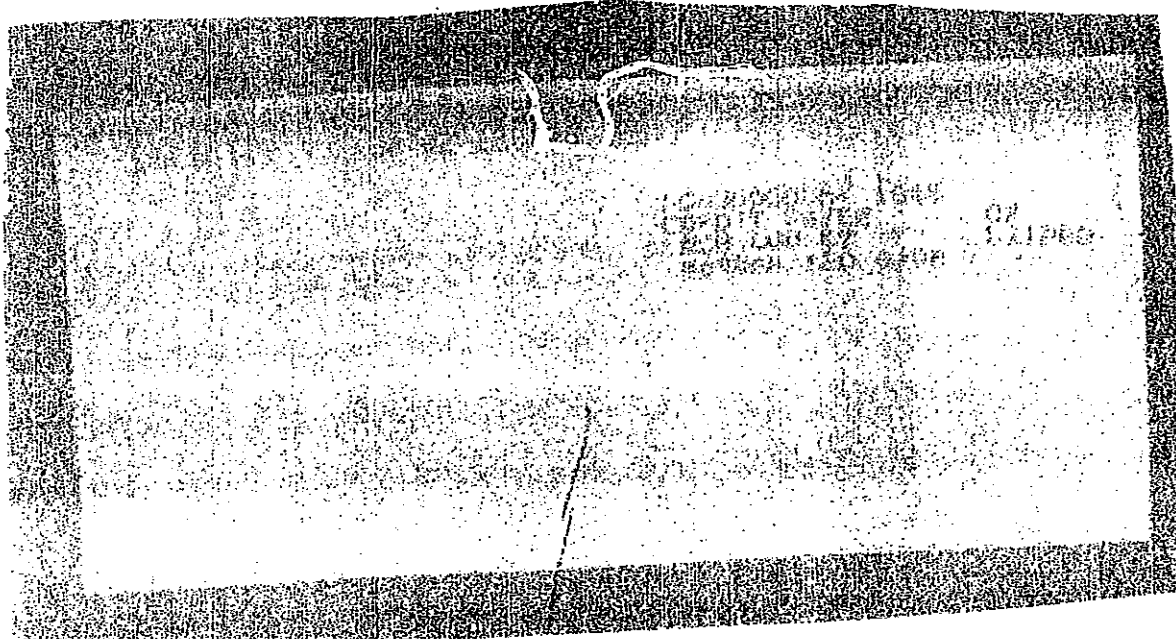
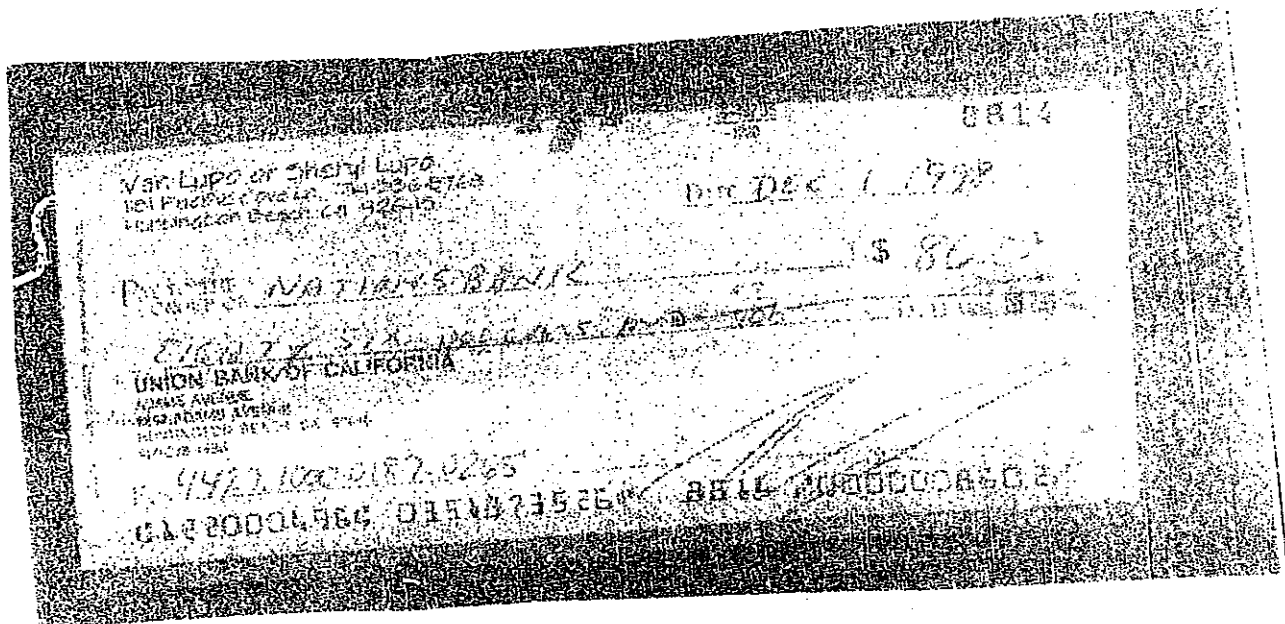
TRAN Date 5-23-98  
\$100.00



TRAN DATE

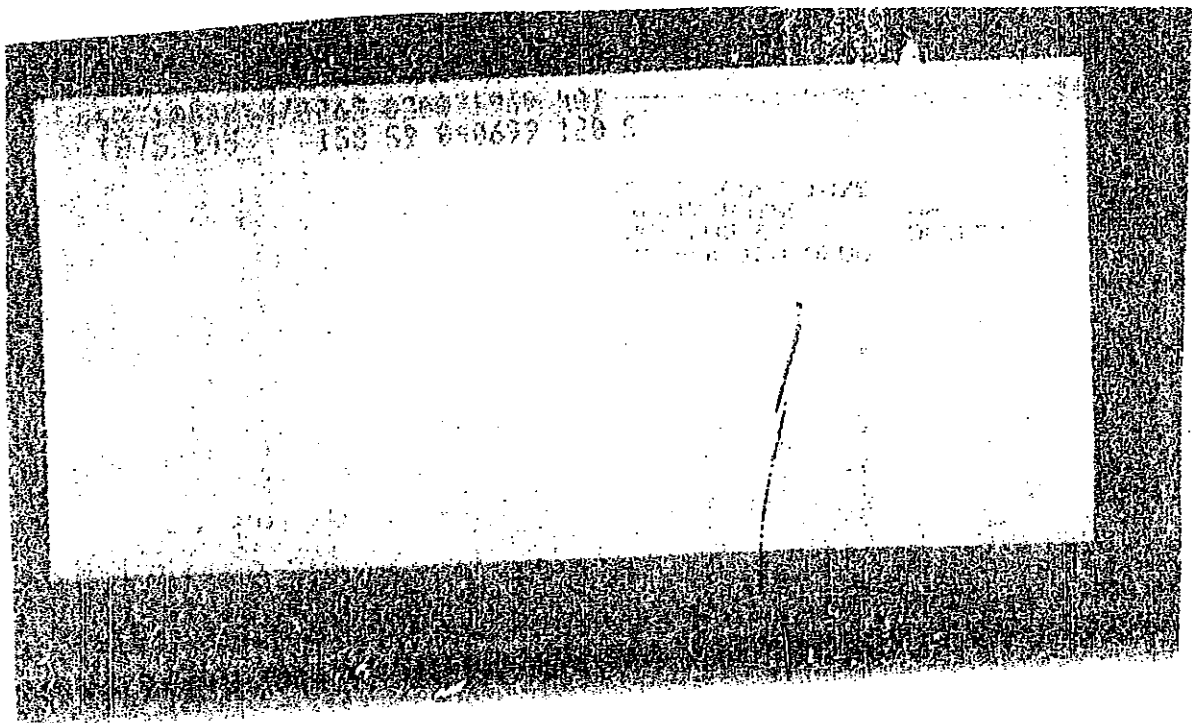
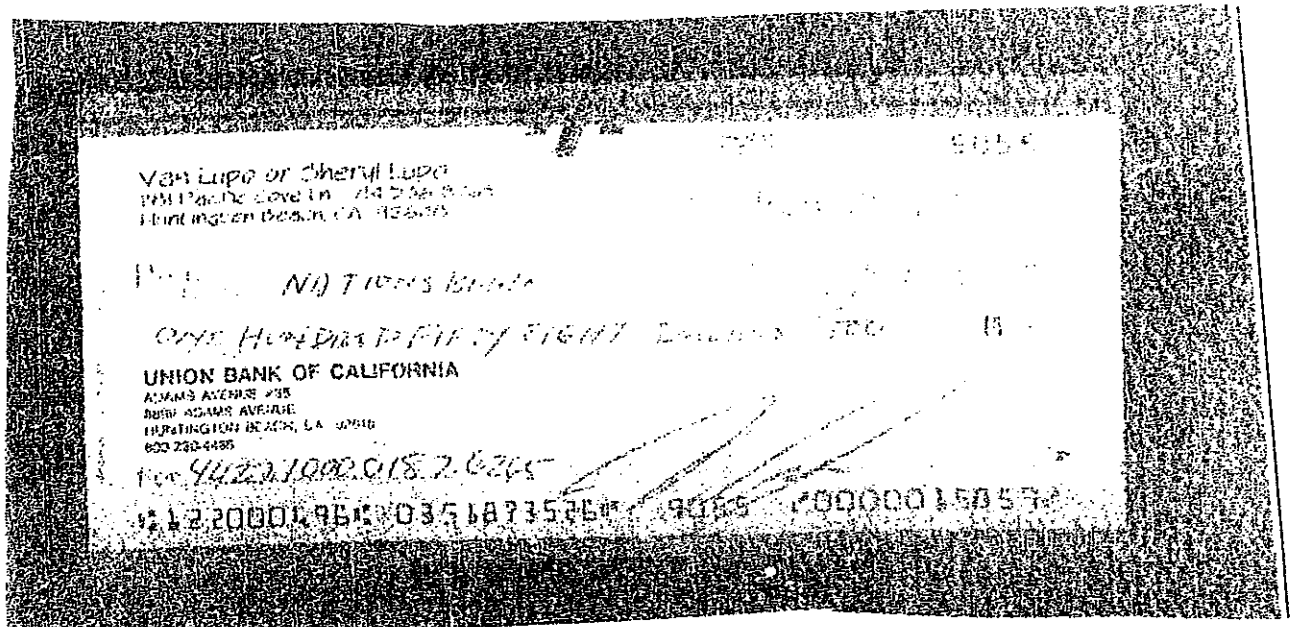
12-3-98

\$ 86.02

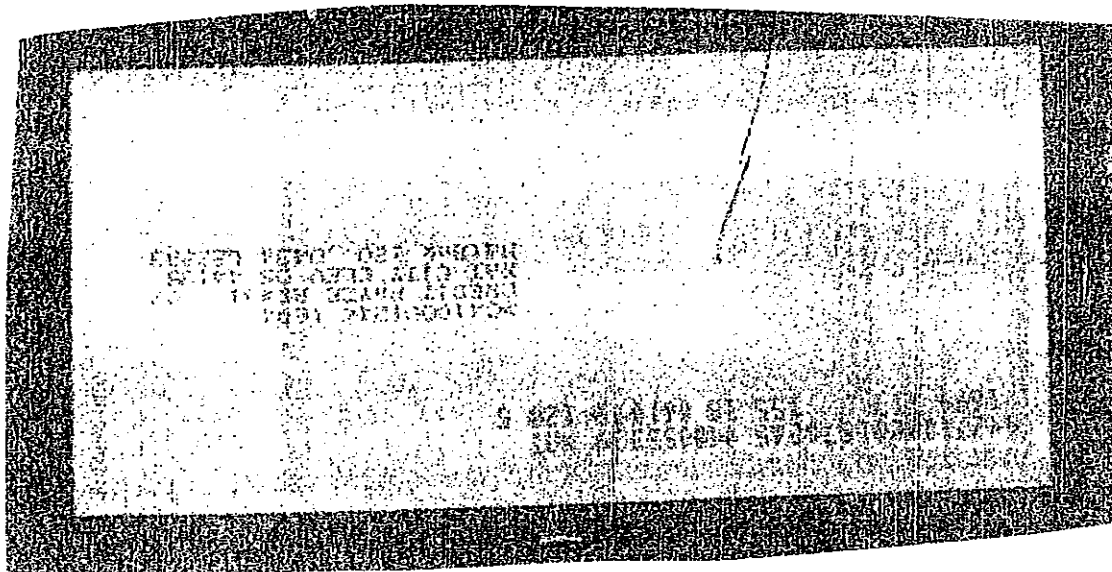
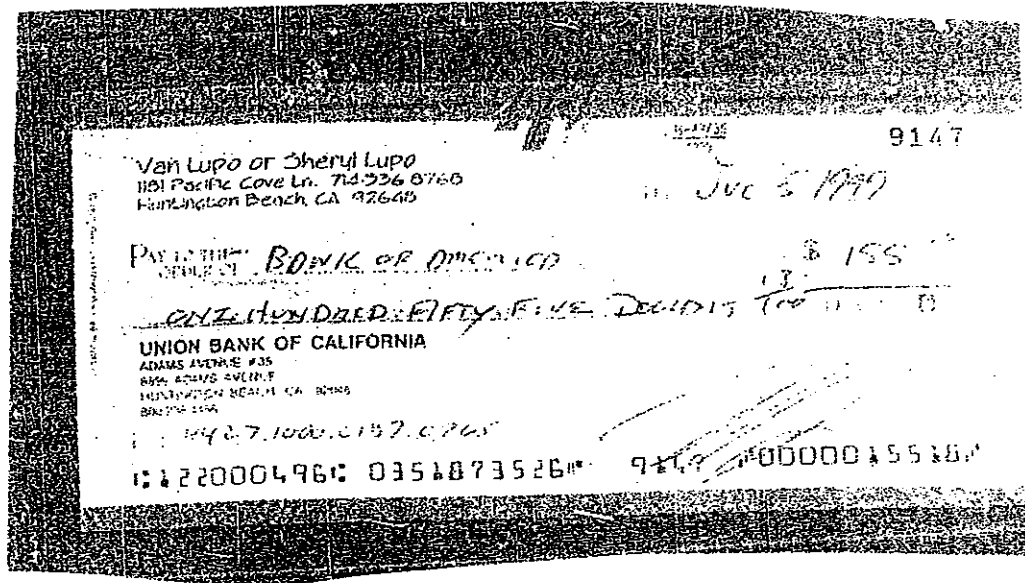




TRAN DATE 4-5-96  
\$ 158.59



Trans Date  
6-9-99  
\$155.18



## **Defendant Bank of America's Exhibit 4**



Mail Payment To:

NATIONS BANK OF DELAWARE, N.A.  
 P. O. BOX 85350  
 LOUISVILLE KY 40285-5350

SHERYL L LUPO  
 VAN A LUPO  
 1181 PACIFIC COVE LA  
 HUNTINGTON BH CA 92648-415981



101442710000187026519980310

Account Number: 4427-1000-0187-0265

New Balance: \$6,490.50  
 Minimum Payment Due: \$0.00  
 Payment Due Date: APR 04, 1998

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: NATIONS BANK OF DELAWARE, N.A.

0010000 0000000 0649050 4427100001870265

DETACH HERE AND RETURN WITH REMITTANCE

Please write your account number on your check and remit in U.S. funds. In order to receive your payment by the due date, we suggest mailing at least five (5) business days prior to that date. See reverse side for important payment receipt information.

**PLATINUM PRIORITY**  
 Account Number 4427-1000-0187-0265

For questions or to report lost or stolen cards, call 1-800-548-2959 within the US or 1-757-677-4701 overseas collect.

## ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$6,490.50	\$7,100.00	\$609.50	\$3,000.00	\$609.00	03/10/98	\$0.00	

## TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
02-09	02-11	PAYMENT RECEIVED - THANK YOU	74356048042863017362869	\$100.00
03-04	03-05	PAYMENT RECEIVED - THANK YOU	74356048064863018172641	\$100.00

YOUR MINIMUM PAYMENT IS PRE-PAID. NO MINIMUM PAYMENT IS DUE THIS MONTH.  
 FINANCE CHARGES WILL CONTINUE TO ACCRUE ON YOUR AVERAGE DAILY BALANCE.

GET YOUR CREDIT REPORT, FREE! CALL TOLL FREE 1-800-749-7046 TO RECEIVE  
 YOUR FREE CREDIT REPORT TODAY! FIND OUT WHAT'S ON YOUR CREDIT REPORT  
 AND WHO PUT IT THERE!

## FINANCE CHARGE SUMMARY

Billing cycle	Balance Subject To Finance Charge	Daily Periodic Rate	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)
28 days		V = Variable F = Fixed			
Purchases	\$6,282.12	F 0.0463014%	16.90%	16.90%	\$81.45
Cash Advances	\$192.73	F 0.0463014%	16.90%	16.90%	\$2.50
Cash Advance Fees					\$0.00

Balance Calculation Code  
 See Reverse Side.

## BALANCE SUMMARY

Previous Balance	\$6,606.55
Payments	\$200.00
Credits	\$0.00
Purchases & Other Charges	\$0.00
Cash Advances	\$0.00
Late Fee	\$0.00
Overline Fee	\$0.00
FINANCE CHARGE	\$83.95
NEW BALANCE	\$6,490.50

of the front side of your statement and does not contain the disclosures which were made on the reverse side of your original statement.





Mail Payment To:

|||||  
NATIONSBANK OF DELAWARE, N.A.  
P. O. BOX 85350  
LOUISVILLE KY 40285-5350

|||||  
SHERYL L LUPO  
VAN A LUPO  
1181 PACIFIC COVE LA  
HUNTINGTON BH CA 92648-415981



101442710000187026519980410

Account Number: 4427-1000-0187-0265

New Balance: \$6,755.84  
Minimum Payment Due: \$0.00  
Payment Due Date: MAY 05, 1998

Amount Enclosed: \$

MAKE CHECK PAYABLE TO: NATIONSBANK OF DELAWARE, N.A.

0012500 0000000 0675584 4427100001870265

DETACH HERE AND RETURN WITH REMITTANCE

Please write your account number on your check and remit in U.S. funds. In order to receive your payment by the due date, we suggest mailing at least five (5) business days prior to that date. See reverse side for important payment receipt information.

**PLATINUM PRIORITY**  
Account Number 4427-1000-0187-0265

For questions or to report lost or stolen cards, call 1-800-548-2959 within the US or 1-757-677-4701 overseas collect.

ACCOUNT INFORMATION							
New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$6,755.84	\$7,100.00	\$344.16	\$7,100.00	\$344.00	04/10/98	\$0.00	

TRANSACTION SUMMARY				Reference Number	Amount CR = Credit
Trans Date	Post Date	Description			
04-06	04-08	PAYMENT RECEIVED -- THANK YOU		74356048098863015502352	\$125.00
04-08	04-10	POTTERY BARN M/O 800-9229934 CA		24418008099099027596108	\$297.05

\*\*\* PLEASE NOTE THAT YOUR CASH LINE MAY HAVE CHANGED. THE PORTION OF YOUR CREDIT LINE AVAILABLE FOR CASH TRANSACTIONS IS DISPLAYED EACH MONTH ON YOUR PERIODIC STATEMENT. \*\*\*  
YOUR MINIMUM PAYMENT IS PRE-PAID. NO MINIMUM PAYMENT IS DUE THIS MONTH.  
FINANCE CHARGES WILL CONTINUE TO ACCRUE ON YOUR AVERAGE DAILY BALANCE.

PROTECT YOURSELF AGAINST CREDIT CARD FRAUD!!!  
CALL 1-800-950-5828 AND RECEIVE A TRIAL MEMBERSHIP IN HOT-LINE FOR JUST \$1.

FINANCE CHARGE SUMMARY						BALANCE SUMMARY	
Billing cycle 31 days	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)	Previous Balance	
Purchases	\$6,321.11	F 0.0463014%	16.90%	16.90%	\$90.73		\$6,490.50
Cash Advances	\$177.96	F 0.0463014%	16.90%	16.90%	\$2.56		\$125.00
Cash Advance Fees					\$0.00		\$0.00
							\$297.05
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$93.29
							\$6,755.84

Balance Calculation Code See Reverse Side.

This is an electronic reproduction of the front side of your statement and does not contain the disclosures which were made on the reverse side of your original statement.



Mail Payment To:

NATIONSBANK OF DELAWARE, N.A.  
 P. O. BOX 85350  
 LOUISVILLE KY 40285-5350

SHERYL L LUPO  
 VAN A LUPO  
 1181 PACIFIC COVE LA  
 HUNTINGTON BH CA 92648-415981



101442710000187026519980810

Account Number: 4427-1000-0187-0265  
 New Balance: \$6,884.43  
 Minimum Payment Due: \$0.00  
 Payment Due Date: SEP 04, 1998

Amount Enclosed:

\$						
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MAKE CHECK  
 PAYABLE TO:

NATIONSBANK OF  
 DELAWARE, N.A.

0009500 0000000 0688443 4427100001870265

\*549990011\*00400001870265/

DETACH HERE AND RETURN WITH REMITTANCE

PLATINUM PRIORITY  
 Account Number 4427-1000-0187-0265

For questions or to report lost or stolen  
 cards, call 1-800-548-2959 within the US  
 or 1-757-677-4701 overseas collect.

ACCOUNT INFORMATION						
New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due
\$6,884.43	\$7,100.00	\$215.57	\$7,100.00	\$215.00	08/10/98	\$0.00

TRANSACTION SUMMARY			Reference Number	Amount CR = Credit
Trans Date	Post Date	Description		
07-13	07-15	PAYMENT RECEIVED - THANK YOU	74356048196863016730524	\$95.00
08-06	08-07	TTA* TERRITORY AHEAD 800-882-4323 CA	24692168218000057073351	\$145.81

\*\*PLEASE REMEMBER THAT IN ORDER TO AVOID LATE FEE CHARGES, YOUR PAYMENT  
 MUST BE RECEIVED BY THE DUE DATE PRINTED ON YOUR STATEMENT.\*\*  
 YOUR MINIMUM PAYMENT IS PRE-PAID. NO MINIMUM PAYMENT IS DUE THIS MONTH.  
 FINANCE CHARGES WILL CONTINUE TO ACCRUE ON YOUR ACCOUNT.

GETTING CASH IS FAST AND CONVENIENT WITH YOUR NATIONSBANK MASTERCARD.  
 JUST VISIT WWW.MASTERCARD.COM FOR THE ATM LOCATION NEAREST YOU.

\* TRY TRAVELER'S ADVANTAGE FOR 3 MONTHS FOR \$1 & RECEIVE A COMPLIMENTARY  
 HOTEL NIGHT & \$450 IN AIRFARE SAVING CERTIFICATES, PLUS DISCOUNTS ON  
 VACATION PACKAGES! CALL 1-800-758-0167 FOR FULL DETAILS.

THE NEW SCHOOL YEAR IS JUST AROUND THE CORNER AND THERE'S NO EASIER,  
 MORE CONVENIENT WAY TO PAY FOR SCHOOL-RELATED EXPENSES THAN WITH YOUR  
 NATIONSBANK VISA CARD. FROM NOTEBOOKS TO SCHOOL CLOTHES AND EVEN  
 TUITION, YOUR NATIONSBANK VISA IS ALL YOU NEED.

FINANCE CHARGE SUMMARY						BALANCE SUMMARY	
Billing cycle	Balance Subject To Finance Charge	Daily Periodic Rate	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Rounded)	Previous Balance	
31 days		V = Variable F = Fixed				\$6,737.18	
Purchases	\$6,689.68	F 0.0463014%	16.90%	16.90%	\$96.02	Payments	\$95.00
Cash Advances	\$29.26	F 0.0463014%	16.90%	16.90%	\$0.42	Credits	\$0.00
Cash Advance Fees					\$0.00	Purchases & Other Charges	\$145.81
Balance Calculation Code See Reverse Side.						Cash Advances	\$0.00
						Late Fee	\$0.00
						Overline Fee	\$0.00
						FINANCE CHARGE	\$96.44
						NEW BALANCE	\$6,884.43

This is an electronic reproduction of the front side of your statement and does not contain the disclosures which were made on the reverse side of your original statement.



Mail Payment To:

|||||  
NATIONSBANK OF DELAWARE, N.A.  
P. O. BOX 85350  
LOUISVILLE KY 40285-5350

|||||  
SHERYL L LUPO  
VAN A LUPO  
1181 PACIFIC COVE LA  
HUNTINGTON BH CA 92648-415981



101442710000187026519990310

Account Number: 4427-1000-0187-0265  
New Balance: \$7,209.07  
Minimum Payment Due: \$270.19  
Payment Due Date: APR 04, 1999

Amount Enclosed:

\$

MAKE CHECK PAYABLE TO:

NATIONSBANK OF DELAWARE, N.A.

0020000 0027019 0720907 4427100001870265  
\*549990011\*00400001870265/

DETACH HERE AND RETURN WITH REMITTANCE →

PLATINUM PRIORITY  
Account Number 4427-1000-0187-0265

For questions or to report lost or stolen cards, call 1-800-548-2959 within the US or 1-757-677-4701 overseas collect.

## ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$7,209.07	\$7,100.00	\$0.00	\$7,100.00	\$0.00	03/10/99	\$270.19	04/04/99

## TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
02-24	02-24	PSB*HSE BEAUTIFUL 0339 800-241-9111 OH	24692169055000655540763	\$59.35
02-25	02-26	BARRONS #98 *3663211 800-762-7145 MI	24616149056642926310569	\$76.90

YOUR ACCOUNT IS 1 PAYMENT PAST DUE IN THE AMOUNT OF \$111.60.  
PLEASE MAIL YOUR PAYMENT TODAY.

\*\*PLEASE REMEMBER THAT IN ORDER TO AVOID LATE FEE CHARGES, YOUR PAYMENT MUST BE RECEIVED BY THE DUE DATE PRINTED ON YOUR STATEMENT.\*\*

## FINANCE CHARGE SUMMARY

Billing cycle	Balance Subject To Finance Charge	Daily Periodic Rate	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)
28 days		V = Variable F = Fixed			
Purchases	\$7,069.91	F 0.0463014%	16.90%	16.90%	\$91.66 A
Cash Advances	\$0.00	F 0.0463014%	16.90%	16.90%	\$0.00 B
Cash Advance Fees					\$0.00

Balance Calculation Code  
See Reverse Side.

## BALANCE SUMMARY

Previous Balance	\$6,956.16
Payments	\$0.00
Credits	\$0.00
Purchases & Other Charges	\$136.25
Cash Advances	\$0.00
Late Fee	\$25.00
Overline Fee	\$0.00
FINANCE CHARGE	\$91.66
NEW BALANCE	\$7,209.07

of the front side of your statement and does not contain the disclosures which were made on the reverse side of your original statement.



Mail Payment To:

BANK OF AMERICA  
 P. O. BOX 85350  
 LOUISVILLE KY 40285-5350

SHERYL L LUPO  
 VAN A LUPO  
 1181 PACIFIC COVE LA  
 HUNTINGTON BH CA 92648-415981



101442710000187026519990510

Account Number: 4427-1000-0187-0265  
 New Balance: \$7,053.69  
 Minimum Payment Due: \$155.18  
 Payment Due Date: JUN 04, 1999

Amount Enclosed:

\$

MAKE CHECK PAYABLE TO:

BANK OF AMERICA

0016000 0015518 0705369 4427100001870265

\*549990011\*00400001870265/

DETACH HERE AND RETURN WITH REMITTANCE

**PLATINUM PRIORITY**  
 Account Number 4427-1000-0187-0265

For questions or to report lost or stolen cards, call 1-800-548-2959 within the US or 1-757-677-4701 overseas collect.

## ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$7,053.69	\$7,100.00	\$46.31	\$7,100.00	\$46.00	05/10/99	\$155.18	06/04/99

## TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
05-06	05-10	PAYMENT RECEIVED - THANK YOU	74356049129863020501515	\$160.00

\*\*PLEASE REMEMBER, IN ORDER TO AVOID LATE FEE CHARGES, YOUR MINIMUM PAYMENT SHOWN ABOVE MUST BE RECEIVED BY THE DUE DATE PRINTED ON YOUR STATEMENT.\*\*  
 WELCOME TO THE NEW BANK OF AMERICA. YOU'LL NOTICE THE BANK OF AMERICA NAME AT THE TOP OF THIS STATEMENT. ALSO, THE NEW LOGO WILL APPEAR ON YOUR CREDIT CARD CORRESPONDENCE AND YOUR ACCOUNT WILL NOW BE REFERRED TO AS A BANK OF AMERICA CREDIT CARD ACCOUNT. WATCH YOUR MAIL FOR MORE INFORMATION ABOUT THE NEW BANK OF AMERICA.

## FINANCE CHARGE SUMMARY

Billing cycle 30 days	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)
Purchases	\$7,095.79	V 0.0565753%	20.65%	20.65%	\$120.43
Cash Advances	\$0.00	V 0.0565753%	20.65%	20.65%	\$0.00
Cash Advance Fees					\$0.00

Balance Calculation Code  
 See Reverse Side.

## BALANCE SUMMARY

Previous Balance	\$7,064.26
Payments	\$160.00
Credits	\$0.00
Purchases & Other Charges	\$0.00
Cash Advances	\$0.00
Late Fee	\$0.00
Overline Fee	\$0.00
FINANCE CHARGE	\$120.43
NEW BALANCE	\$7,053.69

This statement and does not contain the disclosures which were made on the reverse side of your original statement.

## **Defendant Bank of America's Exhibit 5**



0-7000-0444

# PLATINUM PRIORITY CARD UPGRADE ACCEPTANCE FORM

**X Yes!** I would like to step up to the NationalBank Platinum Priority Card. I understand that by accepting this offer, I and all current authorized users will receive a new NationalBank Platinum Priority Card. I will receive a new account number, and there will be no changes to my current rates or fees.

Sucryll Lupo  
Van A. Lupo  
1181 Pacific Cove Ln.  
Huntington Beach, CA 92647-1150

Offer Expires: December 19, 1997

## Pin Number Selection

If you do not currently have one, please select a 4 digit Personal Identification Number (PIN) using letters or numbers. Please do not choose "00" or use the letters Q, Z, or O.

**X Yes** I would like to add an additional authorized user. Current authorized users will automatically receive the Platinum Priority upgrade. Please send an additional card to the new user.

First Name MI Last Name

4356-1760-0004-3854

2200

## **Defendant Bank of America's Exhibit 6**

200327001268

AUG 9 2000

## TRANSFER OF RESPONSIBILITY FORM (Part 1)

BANK OF AMERICA NA  
CREDIT/NEW ACCTS  
DATE 08/09/00

TO BE COMPLETED BY PERSON TAKING PAYMENT RESPONSIBILITY

Responsibility and Account Usage

I, Van Lupo request that my name & responsibility be removed from this account relieving them of payment responsibility and further use of this account. I agree to assume full responsibility for all current and future balances on this account. If the Bank denies this request, the account will be cancelled and I understand that all parties to my account will remain jointly and individually responsible for any unpaid balance.

Overdraft Protection (For Bank of America Checking Accounts Only)

- ☐ I do not currently have this service.  
☐ Please continue this service. There is no change to my checking account number.  
☐ Please transfer this service to my new checking account.

Checking Account Number \_\_\_\_\_

- ☐ Please enclose a voided deposit slip

This change will interrupt service for 3 to 5 business days from the date the request is processed.

- ☐ Please cancel this service.

Automatic Payment Service

- ☐ I do not currently have this service.  
☐ Please continue this service. There is no change to my checking account number.  
☐ Please transfer this service to my new checking account.

Checking Account Number \_\_\_\_\_

- ☐ Please enclose a voided deposit slip

Check One ☐ Minimum Payment ☐ Payment in Full

- ☐ Please cancel this service.

Personal InformationStreet 1181 Pacific Cove LnCity HB State CA Zip 92648Home Phone 714 536-8768 Work Phone ( )Employer's Name NAEmployer's Address NAOccupation NA How Long \_\_\_\_\_ Monthly Income \$ \_\_\_\_\_Other Income \$ 500 Source consulting Monthly Amount \$ 500Signature Sheryl Lupo Date 8-7-00

I authorize the Bank to verify my information and to obtain additional information from me, credit bureaus, and other third parties in order to make its credit decision. I also agree that the Bank may lower the credit line on my account based on my current financial and credit information.



**ASSUMPTION OF RESPONSIBILITY FORM (Part 2)****TO BE COMPLETED BY PERSON REQUESTING TO BE REMOVED FROM ACCOUNT**

I, Van A Lupo (Name) request that my name be removed from this account. I understand that my request is subject to the assumption of payment responsibility by \_\_\_\_\_ and the Bank's approval of such assumption. If the request to assume liability is denied, all parties will remain jointly and severally liable for any remaining account balance. If the request to assume liability is denied, the account will be cancelled and I will be responsible for the remaining balances and for new charges made by me. I will not be responsible for any new transactions made by any other person(s) listed on this account. I understand that if my name is removed, the credit history established for this account may be deleted from my credit file. I understand further that I may apply for a new account in my name only, subject to the Bank's approval.

Account Number(s)Acct closed**Overdraft Protection**

I understand that if my request is approved, I will not be able to access my existing Instant Cash Overdraft Protection associated with this account.

**Personal Information:**

Address 1181 Pacific Cove Ln  
 City Hunt Bch State Ca Zip 92648  
 Home Phone (714) 536-8768 Work Phone (949) 790-2084

**To Be Completed By All Parties**

By signing below, we understand and agree that each of us will be liable on this account until the Bank approves the changes requested on this form. However, the party requesting to be removed from the account will not be responsible for new charges made by the other party after the Bank approval of the request for removal. We have destroyed all outstanding cards for this account except those issued in the name of the cardmember assuming primary payment responsibility.

Party Keeping Account

Social Security

Date

Party Keeping Account

Social Security

Date

Party Not Keeping Account

Social Security

Date

( ) If other liable parties cannot be located for signature, please indicate by checking here. If approved, your outstanding balance will be transferred to the new account. In order to ensure that charges do not continue to post to the old account all cards must be destroyed.



Mail Payment To:

|||||  
BANK OF AMERICA  
PO BOX 5270  
CAROL STREAM IL 60197-5270

|||||  
SHERYL L LUPO  
VAN A LUPO  
1181 PACIFIC COVE LA  
HUNTINGTON BH CA 92648-415981



101442710000187026520001110

Account Number: 4427-1000-0187-0265  
New Balance: \$7,623.49  
Minimum Payment Due: \$945.11  
Payment Due Date: DEC 05, 2000

Amount Enclosed: \$

MAKE CHECK  
PAYABLE TO: BANK OF AMERICA

0015000 0094511 0762349 4427100001870265

DETACH HERE AND RETURN  
WITH REMITTANCE →

**PLATINUM**  
Account Number 4427-1000-0187-0265

For questions or to report lost or stolen  
cards, call 1-800-548-2959 within the US  
or 1-757-677-4701 overseas collect.

## ACCOUNT INFORMATION

New Balance	Total Credit Line	Available Credit	Cash Line	Available Cash	Statement Closing Date	Minimum Payment Due	Payment Due Date
\$7,623.49	\$0.00	\$0.00	\$0.00	\$0.00	11/10/00	\$945.11	12/05/00

## TRANSACTION SUMMARY

Trans Date	Post Date	Description	Reference Number	Amount CR = Credit
11-06	11-06	LATE PAYMENT FEE		\$29.00
11-10	11-10	OVERLIMIT FEE ASSESSED FOR NOV 06, 2000		\$29.00

YOUR ACCOUNT IS SERIOUSLY DELINQUENT IN THE AMOUNT OF \$777.39.  
PLEASE CALL 1-800-548-1711 TO AVOID ADDITIONAL COLLECTION MEASURES.

## FINANCE CHARGE SUMMARY

Billing cycle 31 days.	Balance Subject To Finance Charge	Daily Periodic Rate V = Variable F = Fixed	Corresponding Annual Percentage Rate	ANNUAL PERCENTAGE RATE	FINANCE CHARGES (Itemized)
Purchases	\$7,496.30	V 0.0613700%	22.40%	22.40%	\$142.62
Cash Advances	\$0.00	V 0.0613700%	22.40%	22.40%	\$0.00
Cash Advance Fees					\$0.00

## BALANCE SUMMARY

Previous Balance	\$7,422.87
Payments	\$0.00
Credits	\$0.00
Purchases & Other Charges	\$0.00
Cash Advances	\$0.00
Late Payment Fee	\$29.00
Overlimit Fee	\$29.00
FINANCE CHARGE	\$142.62
NEW BALANCE	\$7,623.49

Stick your mark on the reverse side of your original statement.

## **EXHIBIT F**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Valerie Ryall Hosford HOSFORD & HOSFORD, INC. 250 West Main Street Tustin, CA 92780		TELEPHONE NO.: 714/730-8202	FOR COURT USE ONLY
ATTORNEY FOR (Name): SHERYL L. LUPO			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE			
STREET ADDRESS: 341 The City Drive MAILING ADDRESS: P.O. Box 14169 CITY AND ZIP CODE: Orange, CA 92863-0097 BRANCH NAME: FAMILY LAW DIVISION			
PETITIONER: VAN A. LUPO			
RESPONDENT: SHERYL L. LUPO			
DECLARATION OF DISCLOSURE			CASE NUMBER:
<input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Respondent's			00D 008 449
<input type="checkbox"/> Preliminary <input type="checkbox"/> Final			

## DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form 1292.05).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment pursuant to a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

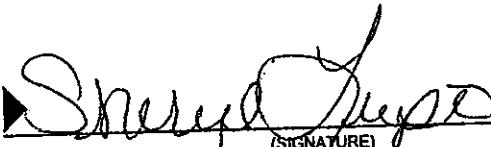
Attached are the following:

- ☒ A completed Schedule of Assets and Debts (form 1292.11).
- ☒ A completed Income and Expense Declaration (forms 1285.50, 1285.50a, 1285.50b, and 1285.50c (as applicable)).
- ☒ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (not a form).  
valuations are my estimates only
- ☒ A statement of all material facts and information regarding obligations for which the community is liable (not a form).  
balances are by recollection only; Petitioner has documentation
- ☒ An accurate and complete written disclosure of any investment opportunity presented since the date of separation (not a form).  
I have had no such investment opportunities, other than those in the public domain

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 7/16/01

SHERYL LUPO  
(TYPE OR PRINT NAME)

  
(SIGNATURE)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Valerie Ryall Hosford HOSFORD & HOSFORD, INC. 250 West Main Street Suite 101 Tustin, CA 92780 ATTORNEY FOR (Name): SHERYL L. LUPO	TELEPHONE NO.: 714/730-8202 714/73-1959
SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE	
<b>MARRIAGE OF</b> PETITIONER: VAN A. LUPO  RESPONDENT: SHERYL L. LUPO	
<b>SCHEDULE OF ASSETS AND DEBTS</b> <input type="checkbox"/> Petitioner's <input checked="" type="checkbox"/> Respondent's	CASE NUMBER: 00D 008 449

## - INSTRUCTIONS -

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put H or W in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description.

For additional space, use a continuation sheet numbered to show what item is being continued.

ITEM NO.	ASSETS - DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.) 1181 Pacific Cove Ln., Huntington Bch		1995	\$ 525,000	\$ 350,000
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (Identify) To be determined		various	unknown	
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (Identify) jewelry - personal effects only original artwork by Jackie Dancey		1989		

(Continued on reverse)

Page one of four

ITEM NO.	ASSETS - DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document. ) 1999 Mercedes 280C (leased) 2001 Mercedes 500 SL Coupe		1999 12/00	\$	\$
5.	SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement. ) Union Bank (joint Savings)		during mrg	unknown	
6.	CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement. ) Washington Mutual Acct. Acct # 029 296-5 (Petitioner's name) Union Bank (Joint account)		unknown during mrg	unknown	
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement. ) none known				
8.	CASH (Give location.) nominal				
9.	TAX REFUND 2000 fed and state refunds		2000	11,647	
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy. ) none known				

(Continued on next page)

**SCHEDULE OF ASSETS AND DEBTS**  
(Family Law)

ITEM NO.	ASSETS - DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS (Give certificate number and attach copy of the certificate or copy of latest statement. ) Bank of San Francisco/Phoenix Tech. Stock Western Digital Stock		during mrg during mrg	unknown unknown	
12.	RETIREMENT AND PENSIONS (Attach copy of latest summary plan documents and latest benefit statement. ) none known				
13.	PROFIT-SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION (Attach copy of latest statement.) none known				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES (Attach copy of each. ) none known				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS (Attach copy of most current K-1 form and schedule C.) Decision Base, Inc. Van Lupo Consulting		during mrg during mrg	unknown unknown	
16.	OTHER ASSETS patent pending - rebreather diving equipment (value unknown - purchase price listed)		during mrg	unknown 25,000	
17.	TOTAL ASSETS FROM CONTINUATION SHEET			\$ 561,647	\$ 350,000
18.	TOTAL ASSETS				

(Continued on reverse)

**SCHEDULE OF ASSETS AND DEBTS**  
(Family Law)



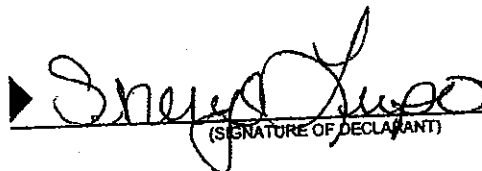
ITEM NO.	DEBTS - SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS (Give details.) none known		\$	
20.	TAXES (Give details.) nonw known			
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.) none			
22.	LOANS - UNSECURED (Give bank name and loan No. and attach copy of latest statement.) Jerry & Shirlee Stroner HFC	W	3,200 10,000	6/01 5/00
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) Target Robinson's Neiman Marcus Macy Bloomingdales J. Jill		913 743 903 2,065 796 972	various
24.	OTHER DEBTS (specify): Country Homes Book Clug Literary Guild HRS/Good Guys Household Bank Ann Taylor Home Depot Nordstrom VISA - Platinum 1st USA Visa 1st USA Master Card FLEET Chevron Dentist Petitioner's credit cards		226 226 3,675 unknown unknown unknown unknown 7,828 12,094 6,437 4,500 800 178 unknown	
25.	TOTAL DEBTS FROM CONTINUATION SHEET			
26.	TOTAL DEBTS		\$ 55,556	

27. ☐ \_\_\_\_\_ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: 7/16/01

SHERYL LUPO  
(TYPE OR PRINT NAME OF DECLARANT)

  
(SIGNATURE OF DECLARANT)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Valerie Ryall Hosford HOSFORD & HOSFORD, INC. 250 West Main Street Suite 101 Tustin, CA 92780		TELEPHONE NO.: 714/730-8202	FOR COURT USE ONLY
ATTORNEY FOR (Name): SHERYL L. LUPO <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF ORANGE</b> STREET ADDRESS: 341 The City Drive MAILING ADDRESS: P.O. Box 14169 CITY AND ZIP CODE: Orange, CA 92863-0097 BRANCH NAME: FAMILY LAW DIVISION			
PETITIONER/PLAINTIFF: VAN A. LUPO			
RESPONDENT/DEFENDANT: SHERYL L. LUPO		CASE NUMBER: 00D 008 449	
<b>INCOME AND EXPENSE DECLARATION</b>			

Step 1 Attachments to this summary	I have completed <input type="checkbox"/> Income <input type="checkbox"/> Expense <input type="checkbox"/> Child Support Information forms. (If child support is not an issue, do not complete the Child Support Information Form. If your only income is AFDC, do not complete the Income Information Form.)	
Step 2 Answer all questions that apply to you	<p>1. Are you receiving or have you applied for or do you intend to apply for welfare or AFDC?  <input type="checkbox"/> Receiving <input type="checkbox"/> Applied for <input type="checkbox"/> Intend to apply for <input checked="" type="checkbox"/> No</p> <p>2. What is your date of birth (month/day/year)? .....</p> <p>3. What is your occupation? <u>unemployed</u></p> <p>4. Highest year of education completed: <u>10th grade, plus 2 college classes</u></p> <p>5. Are you currently employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>a. If yes: (1) Where do you work? (name and address): .....</p> <p>(2) When did you start work there (month/year)? .....</p> <p>b. If no: (1) When did you last work (month/year)? <u>3/01</u> ..... \$670</p> <p>(2) What were your gross monthly earnings? ..... 0</p> <p>6. What is the total number of minor children you are legally obligated to support? ..... 0</p>	
Step 3 Monthly income information	<p>7. Net monthly disposable income (from line 16a of Income Information): ..... \$ 667</p> <p>8. Current net monthly disposable income (if different from line 7, explain below or on Attachment 8):            I am presently unemployed; I am unable to work due to disc problems            and my doctor has told me not to work until I receive treatment            (insurance approval pending)</p>	
Step 4 Expense information	<p>9. Total monthly expenses from line 2q of Expense Information: ..... \$ 7,356</p> <p>10. Amount of these expenses paid by others: ..... \$</p>	
Step 5 Other party's income	<p>11. My estimate of the other party's gross monthly income is: ..... \$ 16,000</p>	
Step 6 Date and sign this form	<p>I declare under penalty of perjury under the laws of the State of California that the foregoing and            the attached information forms are true and correct.</p> <p>Date: 7/16/01</p>	

SHERYL L. LUPO.....  
(TYPE OR PRINT NAME)

**Date:** 7/16/01

Date: 7/16/01

► Sheryl L. Lupo  
(SIGNATURE OF DECLARANT)

☐ Petitioner ☒ Respondent

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PETITIONER/PLAINTIFF: VAN A. LUPO RESPONDENT/DEFENDANT: SHERYL L. LUPO EXPENSE INFORMATION OF (name): SHERYL L. LUPO	CASE NUMBER: 00D 008 449
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	name	age	relationship	gross monthly income
1. a. List all persons living in your home whose expenses are included below and their income: <input type="checkbox"/> Continued on Attachment 1a.	1. Sheryl Lupo	48	self	
b. List all other persons living in your home and their income: <input type="checkbox"/> Continued on Attachment 1b.	1.			
	2.			
	3.			

## 2. MONTHLY EXPENSES

## a. Residence payments

(1) ☐ Rent or ☒ mortgage .... \$ 3,300

(2) If mortgage, include:

Average principle ..... \$ \_\_\_\_\_

Average interest ..... \$ \_\_\_\_\_

Impound for real property taxes ..... \$ \_\_\_\_\_

Impound for home-owner's insurance ... \$ \_\_\_\_\_

(3) Real property taxes (if not included in item (2)) ..... \$ \_\_\_\_\_

(4) Homeowner's or renter's insurance (if not included in item (2)) ..... \$ unknown(5) Maintenance ..... \$ 150b. Unreimbursed medical and dental expenses ..... \$ 100

c. Child care ..... \$ \_\_\_\_\_

d. Children's education ..... \$ \_\_\_\_\_

e. Food at home and household supplies . \$ 435

f. Food eating out ..... \$ \_\_\_\_\_

g. Utilities ..... \$ 250h. Telephone land & cell ..... \$ 110i. Laundry and cleaning ..... \$ 40

j. Clothing ..... \$ \_\_\_\_\_

k. Insurance (life, accident, etc. Do not include auto, home, or health insurance) \$ \_\_\_\_\_

l. Education (specify): ..... \$ \_\_\_\_\_

m. Entertainment ..... \$ \_\_\_\_\_

n. Transportation and auto expenses (insurance, gas, oil, repair) ..... \$ 320o. Installment payments (insert total and itemize below in item 3) ..... \$ 2,631p. Other (specify): O.C. Register \$ 20q. TOTAL EXPENSES (a-p) ..... \$ 7,356  
(do not include amounts in a(2))3. ITEMIZATION OF INSTALLMENT PAYMENTS OR OTHER DEBTS ☐ Continued on Attachment 3.

CREDITOR'S NAME	PAYMENT FOR	MONTHLY PAYMENT	BALANCE	DATE LAST PAYMENT MADE
Auto Lease Payment		350		
Chevron	gas	231	811	6/01
credit card debt	misc necessities	2,000	50,000	

## 4. ATTORNEY FEES

a. To date I have paid my attorney for fees and costs: \$ \$3200 The source of this money was: loan

b. I owe to date the following fees and costs over the amount paid:

c. My arrangement for attorney fees and costs is: written; \$250/hr. plus costs

I confirm this information and fee arrangement.

  
 (SIGNATURE OF ATTORNEY)
Valerie Ryall Hosford  
(TYPE OR PRINT NAME OF ATTORNEY)Page 2 of 4

PETITIONER/PLAINTIFF: VAN A. LUPO RESPONDENT/DEFENDANT: SHERYL L. LUPO INCOME INFORMATION OF (name): SHERYL L. LUPO	CASE NUMBER: 00D 008 449
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1. Total gross salary or wages, including commissions, bonuses, and overtime paid during the last 12 months: 1. \$ 8,000
2. All other money received during the last 12 months **except welfare, AFDC, SSI, spousal support from this marriage, or any child support.** Specify sources below:  
*Include pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), spousal support from a different marriage, dividends, interest or royalty, trust income, and annuities.*  
*Include income from a business, rental properties, and reimbursement of job-related expenses.*
- 2a. \$ \_\_\_\_\_  
 2b. \$ \_\_\_\_\_  
 2c. \$ \_\_\_\_\_  
 2d. \$ \_\_\_\_\_  
 3. \$ 8,000
3. Add lines 1 through 2d .....  
 Divide line 3 by 12 and place result on line 4a.

	Average last 12 months:	Last month:
4. Gross income .....	4a. \$ <u>667</u>	4b. \$ _____
5. State income tax .....	5a. \$ _____	5b. \$ _____
6. Federal income tax .....	6a. \$ _____	6b. \$ _____
7. Social Security and Hospital Tax ("FICA" and "MEDI") or self-employment tax, or the amount used to secure retirement or disability benefits .....	7a. \$ _____	7b. \$ _____
8. Health insurance for you and any children you are required to support .....	8a. \$ _____	8b. \$ _____
9. State disability insurance .....	9a. \$ _____	9b. \$ _____
10. Mandatory union dues .....	10a. \$ _____	10b. \$ _____
11. Mandatory retirement and pension fund contributions ..... <i>Do not include any deduction claimed in item 7.</i>	11a. \$ _____	11b. \$ _____
12. Court-ordered child support, court-ordered spousal support, and voluntarily paid child support in an amount not more than the guideline amount, <b>actually being paid for a relationship other than that involved in this proceeding:</b>	12a. \$ _____	12b. \$ _____
13. Necessary job-related expenses (attach explanation) .....	13a. \$ _____	13b. \$ _____
14. Hardship deduction (Line 4d on Child Support Information Form) .....	14a. \$ _____	14b. \$ _____
15. Add lines 5 through 14 ..... <b>Total monthly deductions:</b>	15a. \$ _____	15b. \$ _____
16. Subtract line 15 from line 4 ..... <b>Net monthly disposable income:</b>	16a. \$ <u>667</u>	16b. \$ _____

17. AFDC, welfare, spousal support from this marriage, and child support from other relationships received each month ..... 17. \$ 1,000
18. Cash and checking accounts: ..... 18. \$ none
19. Savings, credit union, certificates of deposit, and money market accounts: ..... 19. \$ unknown
20. Stocks, bonds, and other liquid assets: ..... 20. \$ unknown
21. All other property, real or personal (specify below): ..... 21. \$ \_\_\_\_\_
- Schedule of Assets and Debts**  
 Attach a copy of your three most recent pay stubs.

